

Application Data Sheet

**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular   |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | SYSTEM OF ARTICULATION,<br>ESPECIALLY FOR EQUIPMENT USED<br>IN ROBOTICS AND FOR SPECTACLE<br>FRAMES |
| Attorney Docket Number::            | 0523-1016   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 4   |
| Small Entity?::                     | Yes   |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent             | No  |
| Appl.?::                            |   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: RICHARD  
Middle Name::  
Family Name:: CHENE  
Name Suffix::  
City of Residence:: NEUILLY SUR SEINE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 137 BOULEVARD KOENIG  
Address::  
City of Mailing Address:: NEUILLY SUR SEINE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DOMINIQUE  
Middle Name::  
Family Name:: DELAMOUR  
Name Suffix::  
City of Residence:: LES MESNULS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 44 RUE DE LA MILLIERE  
Address::  
City of Mailing Address:: LES MESNULS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 78490

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: OLIVIER

Middle Name::

Family Name:: RODI

Name Suffix::

City of Residence:: GAMBAIS

State or Province of  
Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 17 RUE DU CHATEAU TROMPETTE

City of Mailing Address:: GAMBAIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 78950

#### **Correspondence Information**

Correspondence Customer Number:: 000466

Number::

#### **Representative Information**

|                                  |        |
|----------------------------------|--------|
| Representative Customer Number:: | 000466 |
|----------------------------------|--------|

**Domestic Priority Information**

|                  |                      |                         |                         |
|------------------|----------------------|-------------------------|-------------------------|
| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
| This application | National Stage of    | PCT/FR2004/000135       | 1/22/04                 |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| FRANCE    | 03/00642                | 1/22/03       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::